



OKLAHOMA STATE DEPARTMENT OF HEALTH

State of the County's Health Report

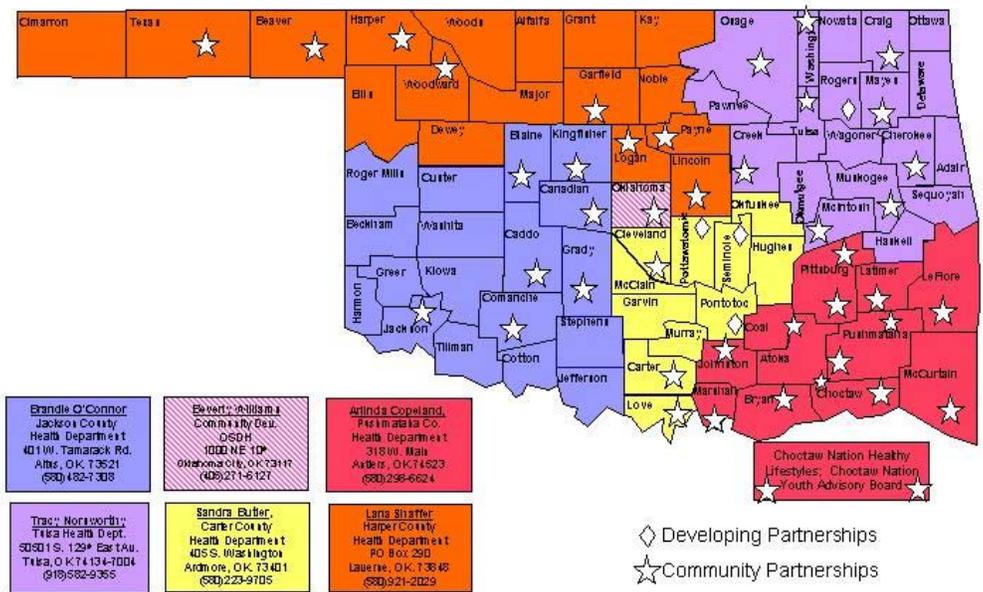
A Look Back To Move Forward

Harper County

The state of Oklahoma has been in a downward health trend since the 1990's, until recently. Through the efforts of the state and county health departments, state and local governments and the individual communities the health of Oklahomans is looking up. However, we could do more to improve the health of the citizens of Oklahoma.

This report focuses on the health factors for the citizens of Harper County. We will take a look back to discover what has been affecting the health of the citizens in order to move forward and make healthy, effective and safe changes for all.

TURNING POINT PARTNERSHIPS and FIELD CONSULTANT DISTRICT



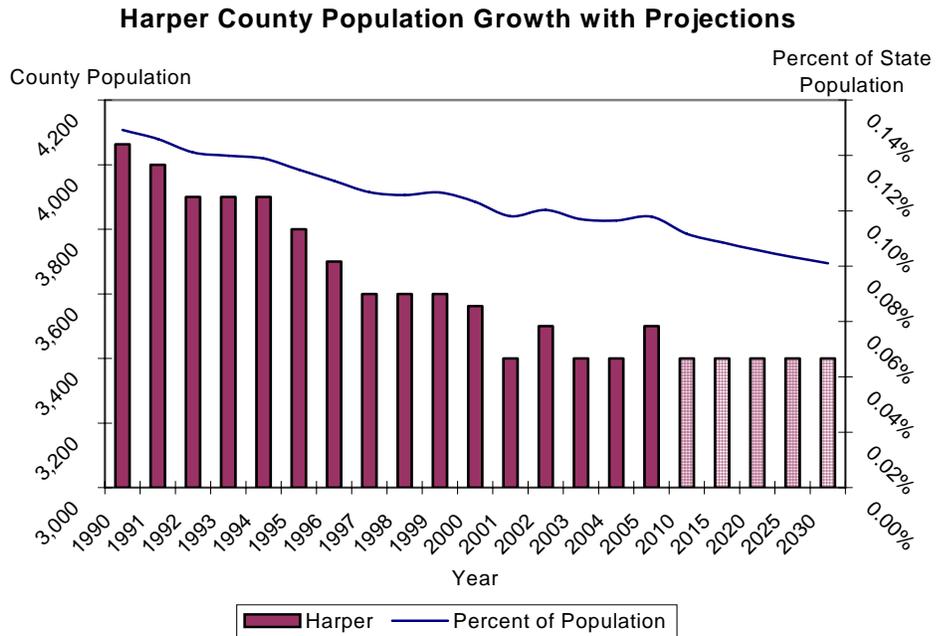
Inside this issue:

| | | | |
|--|---|-----------------------------------|---|
| County Demographics | 2 | Teen Pregnancy | 5 |
| Top 10 Leading Causes of Death | 2 | Poverty | 5 |
| Nutrition & Obesity | 2 | OK By One—State Immunization Data | 6 |
| Top 10 Leading Causes of Death Table | 3 | County Health Department Usage | 7 |
| Injury & Violence | 4 | Health Care Costs Summary | 7 |
| Tobacco use | 4 | Turning Point | 8 |
| Physical Activity, Wellness & Diabetes | 4 | | |

Demographics

* U.S. Census Bureau

- Population estimates
 - 12% decrease from 1990 to 2000 (4,063 to 3,562)
 - 5% decrease from 2000 to 2004
 - Ranked 67th for growth in state
- 2000 Census
- Hispanic/Latino ethnicity = 6%
- Race
 - Whites = 96%
 - Native Americans = 1%
 - Blacks = 0%
 - Other/Multiple = 3%
- Age
 - Under 5 = 5%
 - Over 64 = 22%
 - Median age = 43.1 years
- Housing units
 - Occupied = 1,509 (81%)
 - Vacant = 354 (19%)
- Disability (ages 21 to 64) = 16.9%
 - national = 19.2% state = 21.5%
- Individuals below poverty = 10.2%
 - national = 12.4% state = 14.7%



* Vital Statistics, Health Care Information Systems, OSDH & Centers for Disease Control

Top 10 Leading Causes of Death

The top 10 leading causes of death table on the next page displays a broad picture of the causes of death in Harper County. Since many health-related issues are unique to specific ages, this table provides causes of death by age group at a glance. The causes of death that are present across almost every age group have been highlighted. From 1983 to 1993 heart disease killed 243 people in Harper County and is

still the leading cause of death among all age groups. According to the Centers for Disease Control, almost \$400,000 is spent on each heart disease-related death. With an average of 21.3 deaths a year, heart disease accounts for almost \$8 million a year in medical costs in

Heart disease accounts for almost \$8 million a year in medical costs in Harper County.

Harper County.

There was not much change in the top ten causes of death for persons 65 and older from the previous eleven year period (1983-1993). However, diabetes mellitus deaths declined 29%, moving from the 8th to the 10th leading cause of death.

* Behavioral Risk Factor Surveillance System, Health Care Information System, OSDH & Health Affairs Journal, R. Strum, 2002

Nutrition and Obesity

No Data Available At This Time

Top 10 Causes of Death by Age Group Harper County 1993-2003

| Rank | 0-4 | 05-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | All Ages |
|------|---------------------------|---------------------------|-----------------------------------|----------------------------|------------------------------------|------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| 1 | CONGENITAL ANOMALIES 2 | UNINTENT. INJURY 2 | UNINTENT. INJURY 3 | UNINTENT. INJURY 5 | CANCER 2 | HEART DISEASE 5 | CANCER 19 | HEART DISEASE 215 | HEART DISEASE 234 |
| 2 | PERINATAL PERIOD 1 | CONGENITAL ANOMALIES 1 | CANCER 1 | COMPLICATED PREGNANCY 2 | UNINTENT. INJURY 2 | UNINTENT. INJURY 4 | HEART DISEASE 13 | CANCER 97 | CANCER 122 |
| 3 | UNINTENT. INJURY 1 | | CONGENITAL ANOMALIES 1 | CANCER 1 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 1 | CANCER 2 | STROKE 3 | STROKE 53 | STROKE 58 |
| 4 | | | SEPTICEMIA (BLOOD POISONING) 1 | HEART DISEASE 1 | STROKE 1 | DIABETES MELLITUS 2 | UNINTENT. INJURY 2 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 23 | UNINTENT. INJURY 34 |
| 5 | | | SUICIDE 1 | SUICIDE 1 | SUICIDE 1 | LIVER DISEASE 1 | NON-CANCEROUS TUMOR 1 | INFLUENZA/ PNEUMONIA 17 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 25 |
| 6 | | | | OTHER 1 | | STROKE 1 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 1 | KIDNEY DISEASE 15 | INFLUENZA/ PNEUMONIA 17 |
| 7 | | | | | | SUICIDE 1 | CONGENITAL ANOMALIES 1 | UNINTENT. INJURY 15 | KIDNEY DISEASE 15 |
| 8 | | | | | | OTHER 1 | OTHER 7 | PNEUMONITIS 7 | DIABETES MELLITUS 7 |
| 9 | | | | | | | | ATHERO-SCLEROSIS 5 | PNEUMONITIS 7 |
| 10 | | | | | | | | DIABETES MELLITUS 5 | THREE CAUSES TIED 5 |

Data source: Vital Statistics, Health Care Information Division, Oklahoma State Department of Health
Produced by: Injury Prevention Service, Disease and Prevention Service, Oklahoma State Department of Health

Injury and Violence

Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 4th leading cause of death in the United States and the 5th leading cause of death in Oklahoma from 1999-2002. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause of death.

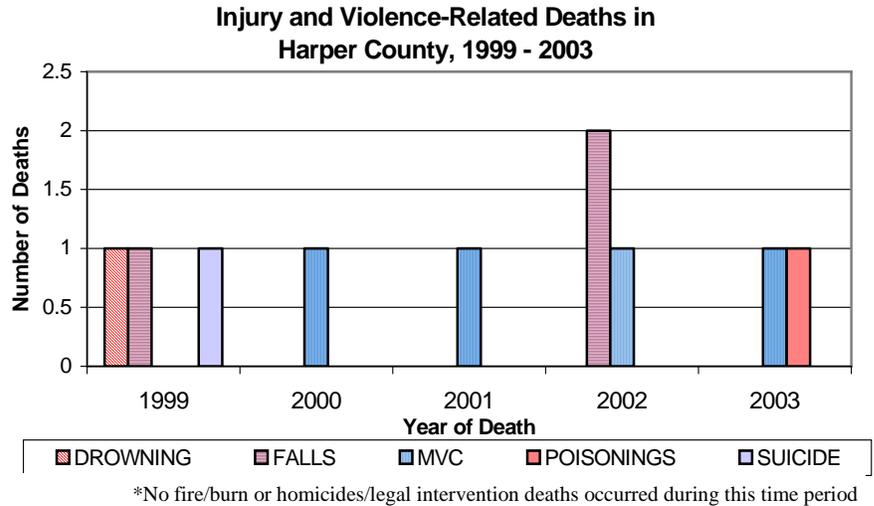
This trend does not change much in Harper County. Unintentional injuries are the leading cause of death from ages 5 to 34.

It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Harper County which has an average of 0.8 motor vehicle-related deaths a year,

that translates to almost \$1 million a year.

Violence-related injuries (homicide

and suicide) in Harper County are ranked in the top 10 in four of the eight age groups (see Top 10 list on page 3).



Tobacco Use

No Data Available At This Time

problem of the individual but also

accumulated by those persons are

Physical Activity, Wellness and Diabetes

No Data Available At This Time

Teen Pregnancy

While births to teen mothers (age 15 to 19) are on the decline in both the U.S. and Oklahoma, Oklahoma has moved up in rank from 13th to 8th in the country. In 1993 the rate of teen births

was 60.0 (per 1,000 15-19 year old females) in the U.S. and 66.6 in Oklahoma. In 2003, the rate decreased to 41.7 in the U.S. and 55.8 in Oklahoma, a decrease of

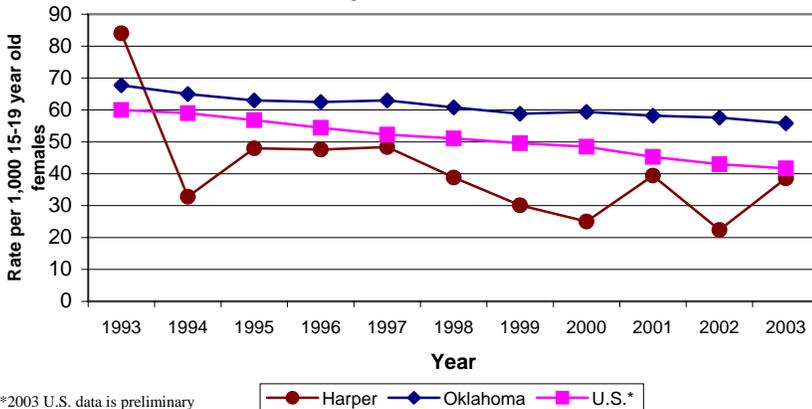
31% and 7%, respectively.

Children of teen mothers are more likely to display poor health and social outcomes than those of older mothers, such as premature birth, low birth weight, higher rates of abuse and neglect, and more likely to go to foster care or do poorly in school. Additionally, births to teen mothers accumulate \$3,200 a year for each teenage birth, which is passed on to citizens.

According to Oklahoma Vital Statistics, Harper County had a teen birth rate of 38.5 in 2003 which was a 72% increase from 2002 (22.4) and a 54% decrease since 1993 (84).

With an average of 5 births per year, teen pregnancy costs the citizens of Harper County \$16,000.00 a year.

Rate of Live Births to Teen Mothers, Ages 15-19, Harper County, 1993 to 2003



*2003 U.S. data is preliminary

Note: 1 births to a mother 10-14 years of age occurred during the 11 year period.

Poverty

* U.S. Census Bureau

As the nation advances in technology and the ability to detect and prevent disease at an earlier stage, persons that are impoverished carry a large burden of poor health outcomes. Higher incidences of unplanned or unwanted pregnancies, teen pregnancy, inade-

quate prenatal care, higher rates of low-birth-weight babies, infant deaths and low immunization rates are all associated with poverty along with a myriad of other adverse health outcomes.

According to the 2000 census, 10.2% of persons in Harper County

for whom poverty status was known had an income below what was needed to live at the federal poverty level. Harper County is 31% below the state (14.7%) and 18% below the nation (12.4%) for persons with incomes below the federal poverty level.

Income to Poverty Ratio, Harper County, 2000 Census

| Poverty level | Total | 50% below | 51% to 99% below | poverty level to 149% above | 150% to 199% above | 200% and above |
|-----------------------|--------|-----------|------------------|-----------------------------|--------------------|----------------|
| Population | 3,508 | 133 | 224 | 398 | 476 | 2,277 |
| Cumulative Population | | 133 | 357 | 755 | 1,231 | 3,508 |
| % of Total | 100.0% | 3.8% | 6.4% | 11.3% | 13.6% | 64.9% |
| Cumulative % | | 3.8% | 10.2% | 21.5% | 35.1% | 100.0% |

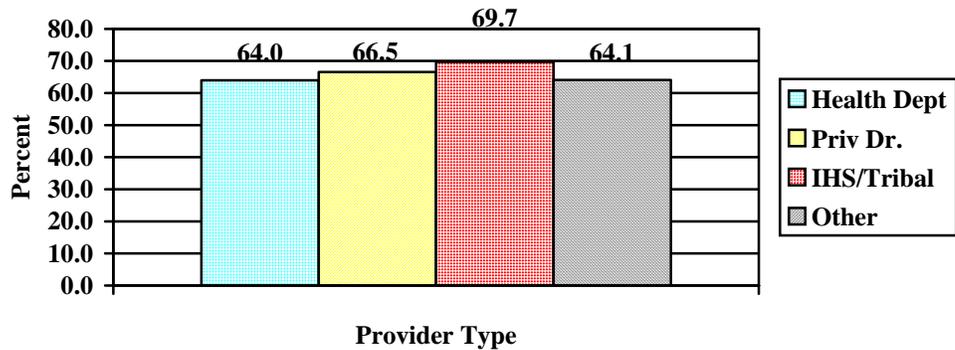
OK By One - State Immunization Data

* 2 Year-old Immunization Survey, Immunization Service, OSDH

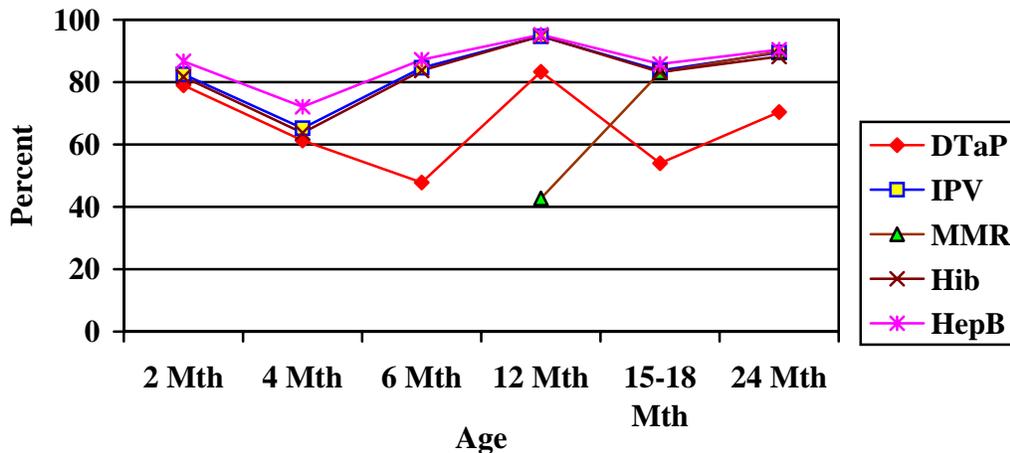
2003-04 Immunization Coverage Rates



4:3:1:1:3 Coverage by Location of Shots, Oklahoma, 2004

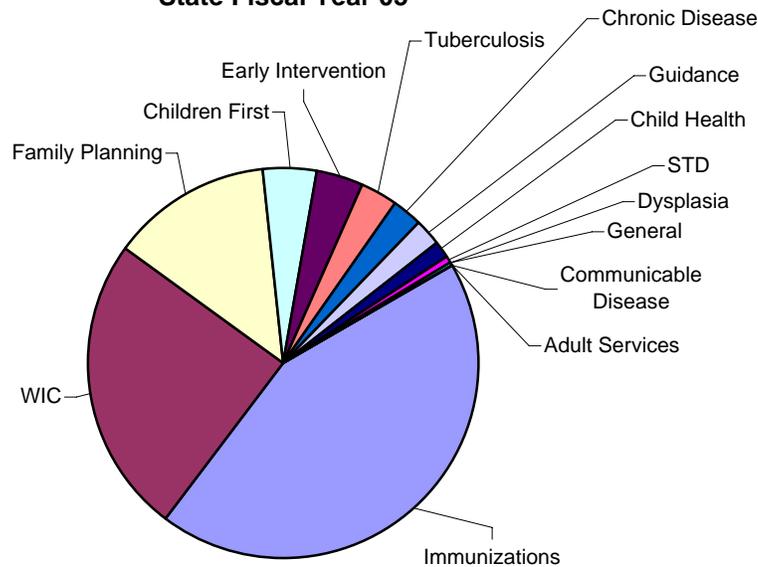


Oklahoma Children On Schedule by Antigen, 2004



**Note: County level data will be available soon.

Attended Appointments for Harper County Health Department, State Fiscal Year 05



Health Care Costs Summary

Cardiovascular Disease (Heart Disease)

- Average 21 deaths a year
- \$369,476.69 per death
- Total— \$7,759,010.49 a year

Obesity

- Data Not Available At This Time

Motor Vehicle-Related Injury Death

- Average 0.8 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$896,000.00 a year

Tobacco Use

- Data Not Available At This Time

Diabetes

- Data Not Available At This Time

Teen Pregnancy

- Average of 5 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total— \$16,000.00 a year



Grand Total for Harper County:

\$8,671,010.49



**OKLAHOMA STATE
DEPARTMENT OF HEALTH**

Community Health Services
Community Development Service

1000 NE 10th St, Room 508

Oklahoma City, OK 73117

Phone: 405-271-6127

Fax: 405-271-1225

Email: miriamm@health.ok.gov

Harper County Health Department

7th & Oklahoma, Suite 9

PO Box 290

Laverne, OK 73848

580-256-6416

1005 N. Hwy 64

Buffalo, OK 73834

580-735-6100

Looking Back to Move Forward

Report compiled by:

Miriam McGaugh, M.S.

Community Development Service, OSDH

Kelly Baker, MPH

Health Care Information Systems, OSDH

The Oklahoma Turning Point Initiative is public health improvement in action. The success of the Turning Point process involves a partnership between the state and county departments of health, local communities, and policy-makers. The Oklahoma Turning point engine is fueled by a community-based decision making process whereby local communities tap into the capacities, strengths, and vision of their citizens to create and promote positive, sustainable changes in the public health system, and the public's health.

Oklahoma Turning POINT



*Oklahoma Community Partners
in Public Health Innovation*